

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	WA		08-15-01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		49	8/22/01
FORMALITY REVIEW	AT	1071	09/19/01
RESPONSE FORMALITY REVIEW	LC	1024	11/9/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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3250-2533  
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